

|  |                                     |  |
|--|-------------------------------------|--|
| REISSUE APPLICATION DECLARATION BY THE ASSIGNEE  |                                     | Docket Number (optional)<br>213202.00186 |
| <p>I hereby declare that:</p> <p>The residence, mailing address and citizenship of the inventors are stated below.</p> <p>I am authorized to act on behalf of the following assignee: <u>HUSKY INJECTION MOLDING SYSTEMS LTD.</u></p> <p>and the title of my position with said assignee is: _____</p> <p>The entire title to the patent identified below is vested in said assignee.</p>  |                                     |  |
| Inventor<br>Pierre GLAESNER  | Citizenship    LU                   |  |
| Residence/Mailing Address    40 Rte de Mersch L-7780 Bissen Luxembourg   |                                     |  |
| Inventor   | Citizenship                         |  |
| Residence/Mailing Address  |                                     |  |
| <input type="checkbox"/> Additional inventors are named on separately numbered sheets attached hereto.   |                                     |  |
| Patent Number<br>6,439,876   | Date of Patent Issued    08/27/2002 |  |
| Title of Invention    INJECTION MOLDING MACHINE HAVING A PLATEN FOR UNIFORM DISTRIBUTION OF CLAMPING FORCES  |                                     |  |
| <p>I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:</p> <hr/> <p>the specification of which</p> <p><input checked="" type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed on _____ as reissue application number _____ / _____</p> <p>and was amended on _____<br/>(If applicable)</p> <p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p><input type="checkbox"/> I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.</p> <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input checked="" type="checkbox"/> by reason of other errors.</p> |                                     |  |

[Page 1 of 2]

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including the gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| REISSUE APPLICATION DECLARATION BY THE ASSIGNEE   |                     | Docket Number (Optional)  |                         |                     |  |  |         |  |  |  |         |  |  |  |      |       |     |  |         |  |  |  |           |     |  |  |
|---|---------------------|---|-------------------------|---------------------|--|--|---------|--|--|--|---------|--|--|--|------|-------|-----|--|---------|--|--|--|-----------|-----|--|--|
| At least one error upon which reissue is based is described as follows:   |                     |   |                         |                     |  |  |         |  |  |  |         |  |  |  |      |       |     |  |         |  |  |  |           |     |  |  |
| Column 3, line 57, delete "first and second"<br>Column 3, line 58, insert "clamp block" after "and"   |                     |   |                         |                     |  |  |         |  |  |  |         |  |  |  |      |       |     |  |         |  |  |  |           |     |  |  |
| [Attach additional sheets, if needed.]  |                     |   |                         |                     |  |  |         |  |  |  |         |  |  |  |      |       |     |  |         |  |  |  |           |     |  |  |
| All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.  |                     |   |                         |                     |  |  |         |  |  |  |         |  |  |  |      |       |     |  |         |  |  |  |           |     |  |  |
| I hereby appoint:   |                     |   |                         |                     |  |  |         |  |  |  |         |  |  |  |      |       |     |  |         |  |  |  |           |     |  |  |
| <input checked="" type="checkbox"/> Practitioners at Customer Number: <span style="border: 1px solid black; padding: 2px;">27160</span>   |                     |   |                         |                     |  |  |         |  |  |  |         |  |  |  |      |       |     |  |         |  |  |  |           |     |  |  |
| OR  |                     |   |                         |                     |  |  |         |  |  |  |         |  |  |  |      |       |     |  |         |  |  |  |           |     |  |  |
| <input type="checkbox"/> Practitioner(s) named below:   |                     |   |                         |                     |  |  |         |  |  |  |         |  |  |  |      |       |     |  |         |  |  |  |           |     |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; padding: 2px;">Name</th> <th style="text-align: center; padding: 2px;">Registration Number</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td></tr> </tbody> </table>   |                     |   | Name                    | Registration Number |  |  |         |  |  |  |         |  |  |  |      |       |     |  |         |  |  |  |           |     |  |  |
| Name  | Registration Number |   |                         |                     |  |  |         |  |  |  |         |  |  |  |      |       |     |  |         |  |  |  |           |     |  |  |
|   |                     |   |                         |                     |  |  |         |  |  |  |         |  |  |  |      |       |     |  |         |  |  |  |           |     |  |  |
|   |                     |   |                         |                     |  |  |         |  |  |  |         |  |  |  |      |       |     |  |         |  |  |  |           |     |  |  |
|   |                     |   |                         |                     |  |  |         |  |  |  |         |  |  |  |      |       |     |  |         |  |  |  |           |     |  |  |
|   |                     |   |                         |                     |  |  |         |  |  |  |         |  |  |  |      |       |     |  |         |  |  |  |           |     |  |  |
|   |                     |   |                         |                     |  |  |         |  |  |  |         |  |  |  |      |       |     |  |         |  |  |  |           |     |  |  |
| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.   |                     |   |                         |                     |  |  |         |  |  |  |         |  |  |  |      |       |     |  |         |  |  |  |           |     |  |  |
| Correspondence Address: Direct all communications about the application to:   |                     |   |                         |                     |  |  |         |  |  |  |         |  |  |  |      |       |     |  |         |  |  |  |           |     |  |  |
| <input checked="" type="checkbox"/> Customer Number: <span style="border: 1px solid black; padding: 2px;">27160</span>  |                     |   |                         |                     |  |  |         |  |  |  |         |  |  |  |      |       |     |  |         |  |  |  |           |     |  |  |
| OR  |                     |   |                         |                     |  |  |         |  |  |  |         |  |  |  |      |       |     |  |         |  |  |  |           |     |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">Firm or Individual Name</td> <td colspan="3"></td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td style="width: 25%; padding: 2px;">State</td> <td style="width: 25%; padding: 2px;">Zip</td> <td style="width: 25%; padding: 2px;"></td> </tr> <tr> <td>Country</td> <td colspan="3"></td> </tr> <tr> <td>Telephone</td> <td style="width: 25%; padding: 2px;">Fax</td> <td colspan="2"></td> </tr> </table> |                     |   | Firm or Individual Name |                     |  |  | Address |  |  |  | Address |  |  |  | City | State | Zip |  | Country |  |  |  | Telephone | Fax |  |  |
| Firm or Individual Name   |                     |   |                         |                     |  |  |         |  |  |  |         |  |  |  |      |       |     |  |         |  |  |  |           |     |  |  |
| Address   |                     |   |                         |                     |  |  |         |  |  |  |         |  |  |  |      |       |     |  |         |  |  |  |           |     |  |  |
| Address   |                     |   |                         |                     |  |  |         |  |  |  |         |  |  |  |      |       |     |  |         |  |  |  |           |     |  |  |
| City  | State               | Zip   |                         |                     |  |  |         |  |  |  |         |  |  |  |      |       |     |  |         |  |  |  |           |     |  |  |
| Country   |                     |   |                         |                     |  |  |         |  |  |  |         |  |  |  |      |       |     |  |         |  |  |  |           |     |  |  |
| Telephone   | Fax                 |   |                         |                     |  |  |         |  |  |  |         |  |  |  |      |       |     |  |         |  |  |  |           |     |  |  |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.   |                     |   |                         |                     |  |  |         |  |  |  |         |  |  |  |      |       |     |  |         |  |  |  |           |     |  |  |
| Full name of person signing (given name, family name)   |                     |   |                         |                     |  |  |         |  |  |  |         |  |  |  |      |       |     |  |         |  |  |  |           |     |  |  |
| Signature    |                     | Date <span style="border: 1px solid black; padding: 2px;">Sept 24/03</span> |                         |                     |  |  |         |  |  |  |         |  |  |  |      |       |     |  |         |  |  |  |           |     |  |  |
| Michael P.J. McKendry<br>Director, Legal<br>Address of Assignee <span style="border: 1px solid black; padding: 2px;">500 Queen Street South, Bolton, Ontario CANADA L7E 5S5</span>  |                     |   |                         |                     |  |  |         |  |  |  |         |  |  |  |      |       |     |  |         |  |  |  |           |     |  |  |

|   |  |   |
|---|--|---|
| <b>REISSUE APPLICATION: CONSENT F ASSIGNEE;<br/>STATEMENT OF NON-ASSIGNMENT</b> |  | Docket Number (Optional)<br>2213201.00186 |
|---|--|---|

This is part of the application for a reissue patent based on the original patent identified below.

Name of Patentee(s)  
Pierre GLAESENER

|                            |                                  |
|----------------------------|----------------------------------|
| Patent Number<br>6,439,876 | Date Patent Issued<br>08/27/2002 |
|----------------------------|----------------------------------|

|  |
|--|
| Title of Invention<br>INJECTION MOLDING MACHINE HAVING A PLATEN FOR UNIFORM<br>DISTRIBUTION OF CLAMPING FORCES |
|--|

1.  Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)
2.  Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.

One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".

The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.

**HUSKY INJECTION MOLDING**

The assignee(s) owning an undivided interest in said original patent is/are SYSTEMS, LTD.,  
and the assignee(s) consents to the accompanying application for reissue.

Name of assignee/inventor (if not assigned)

|           |                           |
|-----------|---------------------------|
| Signature | Date<br><i>Sept 24/03</i> |
|-----------|---------------------------|

Typed or printed name and title of person signing for assignee (if assigned)

BY: *[Signature]*

|   |                                      |
|---|--------------------------------------|
| TITLE: <u>Michael P.J. McKendry</u><br><u>Director, Legal</u> | HUSKY INJECTION MOLDING SYSTEMS LTD. |
|---|--------------------------------------|

This collection of information is required by 37 CFR 1.172. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## STATEMENT UNDER 37 CFR 3.73(b)

|  |                  |   |            |
|--|------------------|---|------------|
| Applicant/Patent Owner:  | Pierre GLAESENER |   |            |
| Application No./Patent No.   | 6,439,876        | Filed/Issue Dat :   | 08/27/2002 |
| Entitled: <b>INJECTION MOLDING MACHINE HAVING A PLATEN FOR UNIFORM DISTRIBUTION OF CLAMPING FORCES</b> |                  |   |            |
| HUSKY INJECTION MOLDING SYSTEMS LTD.   |                  | , a <b>corporation</b>  |            |
| Name of Assignee   |                  | Type of Assignee (corporation, partnership, university, govt agency, etc) |            |

**STATE THAT IT IS:**

1.  the assignee of the entire right, title, and interest ; or
2.  an assignee of less than the entire right, title and interest. The extent of its ownership interest is \_\_\_\_\_ % (by percentage)

in the patent application/patent identified above by virtue of either:

A.  An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the U. S. Patent and Trademark Office at Reel 012013, Frame 0630, or for which a copy thereof is attached.

OR

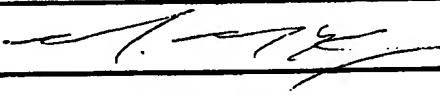
B.  A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the U. S. Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
2. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the U. S. Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
3. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the U. S. Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

Additional documents in the chain of title are listed on a supplemental sheet.  
 Copies of assignments or other documents in the chain of title are attached.

**NOTE:** A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to the Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

|       |  |  |  |
|-------|--|--|--|
| Date: | <u>Sept 23/03</u> Typed or printed name:   |  |  |
|       |  |  |  |
|       | Signature:   |  |  |
|       | Title:   |  |  |
|       | Michael P.J. McKendry<br>Director, Legal   |  |  |